

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002570

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 217

Primary Registration District No. 3045

Registrar's No. 10

FILED JAN 18 1969

1. PLACE OF DEATH:

a. COUNTY

Mississippi

b. CITY: (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

Charleston

Length of stay in 1b

6 Months

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION:

104 N. Elm St.

Inside Limits:

Yes ☒ No ☐

c. CITY

OR
TOWN:

Charleston

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location).

104 N. Elm St.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print):

First

Luke

Middle

Matthew

Last

Cagle

4. DATE

OF
DEATH

Month

1/7/63

Day

Year

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

7/18/1889

9. AGE (last birthday)

73

IF UNDER 1 YEAR

Months: Days: Hours: Min.

IF UNDER 24 HR

Months: Days: Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

Clerk

10b. KIND OF BUSINESS OR INDUSTRY

Drug Store

11. BIRTHPLACE (City and state or country):

Charleston, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Thomas Washington Cagle

13b. MOTHER'S MAIDEN NAME

Mary Elvira Patton

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address:

1 Mrs. Billie Morehead, Carbondale, Ill.

18. CAUSE OF DEATH (Enter only one cause per

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

acute coronary occlusion

INTERVAL BETWEEN

ONSET AND DEATH

10 hrs

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause, last:

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

PART III. If deceased was female was
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY

PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF

INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,

farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

7-3-62, to 1-7-63

and last saw him alive on 1-7-63

Death occurred at

6:20 PM

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

R. Mozier MD

22b. ADDRESS

Charleston, Mo.

22c. DATE SIGNED

1-8-63

23a. BURIAL, CREMATION,

REMOVAL (Specify)

Burial

23b. DATE

1/9/63

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

23d. LOCATION (City, town, or county)

Charleston, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

The Nunlee Funeral Chapel
Charleston, Mo.

25. DATE RECD. BY LOCAL REG.

1-9-63

26. REGISTRAR'S SIGNATURE

Dorothy S. Hathorn

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

JAN 28 1963

Permit issued
1-9-63
JH

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John D. Munnell Jr.
3851

Licensed Embalmer No. _____

P. O. Address Charleston, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.